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| <b>TRANSMITTAL<br/>FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number     | 10/609,457      |
|   | Filing Date            | Jun 27, 2003    |
|   | First Named Inventor   | Daulton, Jay    |
|   | Art Unit               | 1775            |
|   | Examiner Name          | Jason L. Savage |
| Total Number of Pages in This Submission  | Attorney Docket Number | AB-233U5        |

**ENCLOSURES** (Check all that apply)

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| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input checked="" type="checkbox"/> Drawing(s) - Replacement sheets<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input checked="" type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please<br>identify below): |
| Remarks  |   |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |                              |          |        |
|--------------|------------------------------|----------|--------|
| Firm Name    | Advanced Bionics Corporation |          |        |
| Signature    |                              |          |        |
| Printed name | Victoria A. Poissant         |          |        |
| Date         | October 31, 2005             | Reg. No. | 56,871 |

**CERTIFICATE OF TRANSMISSION/MAILING**

|   |                      |      |                  |
|---|----------------------|------|------------------|
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| Signature   |                      |      |                  |
| Typed or printed name   | Victoria A. Poissant | Date | October 31, 2005 |

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